

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

07-28-2005 90069 001 \*\*\*\*\*55.00  
L04000038265

**FILED**

06 JUL 31 AM 11:17

SECRETARY OF STATE  
TALENTS, FLORIDA

1st MOORE CR2E083 (10/04)

DOCUMENT # L04000038265

1. Entity Name

J & B REMODELING LLC



Principal Place of Business

JOHN POLLARD  
35 MAIN ST  
CHATTAHOOCHEE FL 32324

Mailing Address

JOHN POLLARD  
35 MAIN ST  
CHATTAHOOCHEE FL 32324

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

POLLARD, JOHN  
35 MAIN STREET  
CHATTAHOOCHEE FL 32324

*John Pollard*

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**

Make Check Payable to Florida Department of State  
Due By May 1, 2005

*John Pollard*

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGRM ☐ Delete  
NAME POLLARD, JOHN  
STREET ADDRESS 35 MAIN ST  
CITY- ST- ZIP CHATTAHOOCHEE FL 32324

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
100078233201  
08/01/06--01051--017 \*\*50.00

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
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CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

*John Pollard*